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Book Review:

Odysseus in America. Jonathan Shay Publishes his Sequel to *Achilles in Vietnam*

Reviewed by Emmett Early

After his influential first book comparing Homer's *Iliad* to the U.S. experience in the Vietnam War, Boston psychiatrist, Jonathan Shay, brought out his inevitable sequel, *Odysseus in America*, in which he examines the adjustment of the Vietnam War veteran in the United States. A master of timing, Dr. Shay's publisher released his new book on Veterans Day. To give the work a prestigious sendoff and the endorsement of famous war veterans, former Senator Max Cleland and Senator John McCain co-wrote the book's brief forward. "Now Dr. Shay has done it again, but maybe done himself one better. In this book he decodes the marvel-filled story of Odysseus as a *real* story of what it means to return from war to safe, complacent civilian society."

Dr. Shay's *Odysseus in America* is actually divided into three sections, and only the first part deals directly with the "decoding" of Homer's work into contemporary war veteran experience. Dr. Shay draws on his exposure to Vietnam War veterans in his clinical work at the Boston VA, as well as his correspondence with veterans reacting to his first book and his speaking engagements. He quotes extensively from veterans, and devotes the middle section of his work to the communal processing of their homecoming experiences and readjustment problems. I found this section to be the least interesting, not because it was not relevant, as it certainly was, but because I have heard similar statements for the past twenty years in my own professional work. Dr. Shay takes on a kind of anthropological "oral" history approach, using the internet technological changes to give us the feeling that he is exploring a new genre.

It is impressive how many clients, and colleagues relate tales of having become reunited with veterans through web-sites devoted to Vietnam War units. They report that



Jonathan Shay, M.D., Ph.D., is an outpatient psychiatrist at the Boston VA Hospital. Since the publication of his first book, he has spoken frequently to military training groups on the subject of reform in the military services to prevent PTSD.

they have the opportunity to validate their experiences and celebrate them with a kind of collective authenticity.

The third part of *Odysseus in America* is devoted to examining the problems that lead to psychological traumatization in the military. This section draws from the popularity of *Achilles in Vietnam* among military professionals. Dr. Shay has lectured, published articles, and given workshops on the subject of military reforms that might lead to the reduction of incidents of psychological trauma. He emphasizes unit cohesion and training. I had the impression, reading this short section, that the reform message was riding out of the Cyclops' cave under the fleece of a ram, because he does not announce the subject in his title: *Odysseus in America: Combat Trauma and the Trials of Homecoming*. (And, by the way, if you don't buy the book, at least look at the cover. It is the best I have seen in years, with a black and white line drawing in imitation of an ancient Greek art work of a man in battle helmet, with one red eye and a little Huey flying in the iris.

(Continued on page 2, see *Shay*.)

Shay, Continued from page 1.**Metaphorical Readings**

In the heart of the book, as the title suggests, Dr. Shay manages to successfully translate Homeric poetry into modern idiom and applies the circumstances as metaphors to the readjustment trials of Vietnam War veterans. An example of his style will suffice:

"I'm going to milk the one-eyed monster for one more metaphor: Odysseus has no hope against the Cyclops in a force-on-force match-up. This is the way some veterans I work with feel when they face the *government*. They see themselves as powerless, liable to be eaten alive. Cunning, they believe, is their only defense. Like the one-eyed creature, government bureaucracies lack depth perception. They tend to see only the one thing they were set up for, and are blind to how things interconnect. A bureaucracy set up for vocational training sees one thing, another set up for law enforcement sees another, and one set up for health care sees yet another. When dealing with government, the veterans I work with have frequently felt trapped and liable to be eaten alive. Odysseus has saved his skin by denying his identity, humbly making himself Nobody" (p. 47).

Dr. Shay misses one metaphor he could have applied when discussing Aeolus' rejection of Odysseus on his second application for divine assistance. He applies the syndrome to businesses and institutions who reject veterans who screw up their first opportunity, but neglects to apply the principle specifically to the mental health professions when therapists give up on clients for various procedural reasons, when in fact it doesn't look good to see a client too long unimproved.

I loved the metaphor he applied to the Laestrygonian destruction of 11 of Odysseus' 12 ships, when they had pulled into the harbor. Only Odysseus had anchored his ship a safe distance away. "This is the combat veterans' metaphor I hear in the *Odyssey* episode of the Laestrygonians: *there is no safe place*. The more serene, the more peaceful the place, the surer they are that it's a death trap" (p. 63). Dr. Shay applies the "what's right" principle to Odysseus' prudence and likens it to MacArthur's safe exit from Corregidor during WWII.

Dr. Shay has a metaphorical field day with the goddesses of the *Odyssey*, discussing the war veterans' feelings about women. Yet he does not address Calypso's spiritual influence in his chapter "Calypso: Odysseus the Sexaholic." She offered him immortality, after all, and he chose instead to return to his mortal wife.

Complex PTSD & Character

Dr. Shay sheds new light on an old controversy among Homeric scholars who have debated Odysseus' motivation for being so cruel to his father. When Odysseus finally meets his father, at the end of the story, after he has slain the suitors, he

taunts and tests his father, who is abject from grieving over his lost son and ignorant of Odysseus' true identity. When Odysseus finally does reveal who he is, he offers proof by showing his boar scar. Dr. Shay says that this gesture is significant because it alludes to the one significant fact we have of Odysseus' pre-war influences. Odysseus incurred the scar on a rite of passage boar hunt conducted by his mother's father, Autolycus, who was famous as a thief. Dr. Shay asserts: "The scar on Odysseus' thigh by which he identifies himself to his father *explains* his cruelty to his father. The scar is the lifelong and to him still valid token of his rage that his father failed to protect him from his villainous maternal grandfather" (p. 144). This is the only explanation I've read that makes any sense of Odysseus' seemingly heartlessness toward his father. It assumes that Odysseus perceived himself as having been treated badly by his grandfather and resented his father for not protecting him—which is a significant assumption. The author refers to his earlier (*Achilles*) discussion of the influence of trauma on character and takes his own profession to task on this issue: "I have been far more interested in the effect of trauma on character and on the capacity for social trust than in lists of symptoms. The American Psychiatric Association has held out against the idea that horrible experience, especially caused by other people's betrayal, coercion, cruelty, or injustice, can wreck good character or produce bad character. If the expectation that other people plan only harm, exploitation, and humiliation produces a cynical 'strike first' attitude, trauma can produce an active, self-starting predator. Odysseus' scar alerts us to the interconnection of childhood trauma, combat trauma, and a veteran's adult character" (p. 144).

I find myself reacting to the author's depiction of the predominately seedy side of Odysseus' nature. He joins the ranks of classical scholars and moralists who have condemned the Wiley Old Campaigner for his many designs. There is, however, a large counterbalance that Homer gives us that praises Odysseus' character as husband, father, and king. Speakers who have nothing to gain from their praise, remember him affectionately. As a long time psychotherapist, I understand that sense of liking the man who manages to survive in a hostile world, without neglecting to acknowledge the rough character edges it creates.

Dr. Shay gives us a set of useful appendices, including a list on page 265 of "specific recommendations" for improving the military to prevent PTSD.

I felt that I was witnessing an interesting kind of synergy in reading *Odysseus in America*. I envisioned a kind of perpetual motion machine which began its movement with the author's clinical work and his classical Harvard training, leading to the publication of *Achilles in Vietnam*. The influence of *that* publication led to reader reaction both among war veterans and the active duty military leaders. Their feedback to Dr. Shay, in turn, led to his lectures and writings on military reform and the publication of his present book, which is partly constructed from the words of his patients and readers. ##

Federal DVA Publishes a “Best Practice” Training Manual for PTSD C&P Exams

Without much fanfare, the federal Department of Veterans Affairs recently circulated copies of their training manual for C&P Exams that concern PTSD. Authorship cited on the cover of the manual indicates that the responsibility has been spread over a wide spectrum of experts. Patricia Watson, Ph.D., of the National Center for PTSD was cited as first author, and Miles McFall, Ph.D., VAMC Seattle, the second author. *RAQ* editors and invited experts reviewed the contents and found it to be both welcome and useful, while at the same time it did not address the impact of the examination on veterans.

The authors explain that their manual is based on the review of 143 initial claims for PTSD. They found that PTSD was diagnosed in 77% of the cases, and that the exam was not adequate as it was written for rating 8% of the claims. The authors state that “The VBA (Veteran Benefits Administration) and the Veterans Health Administration (VHA) are committed to improving these services to veterans, and improving the quality of compensation and pension examinations for PTSD” (p. 1).

Standardized Exam Process

It is unclear how the manual will be applied across the vast VA system. Watson, et al, “recommend,” for instance, that the time allotment for completing examinations be “about” 3 hours, “but complex cases may demand additional time.” That time included a preview of the claim documents, a two hour interview with the veteran, and an hour write-up. They allot “additional time” to psychometric assessment, if administered (p. 22).

The authors observe that the proper C&P examination should lead to establishing the presence or absence of PTSD, its level of symptom severity, a logical relationship to military service, how the disorder affects current life.

The manual goes on to outline what psychometric techniques and interview procedures should be followed. They devote a relatively brief paragraph (A.3.a) to “Orienting the claimant to trauma assessment.”

Trauma Assessment

“For initial examinations, it is important to explain to the claimant that it is necessary to obtain a detailed description of one or more traumatic events related to military service, in order to complete the examination. Further, it is helpful to alert him or her to the fact that trauma assessment, though brief (about 15-20 minutes), may cause some distress. The veteran should be advised that trauma assessment is *a mutual and collaborative process*, and that he or she is not required to provide unnecessarily detailed answers to all questions, if it is too distressing to do so” (p. 14, italics added).

The manual does a yeoman’s job of detailing the various assessment tools that are available to the C&P examiner. It gives templates for report-writing, and devotes appendices to regulations and example letters, an explication of the GAF, and scoring rules for various tests. Additional appendices give examples of “PTSD Symptom Narratives” and questionnaires in C&P reports. What seemed remarkably missing in this “Best Practice Manual” was any mention of recommended clinical techniques for giving feedback and closure to the examination process.

Exam Feedback

In 1997, WDVA authors T. Schumacher and E. Early circulated an article devoted to the deleterious impact of C&P exams as they related to PTSD. The authors observed in the article that, from their clinical experience working in psychotherapy with war veterans who were C&P claimants, the exams that were conducted without feedback were fertile ground for the projection of the fears of the veteran. Schumacher and Early acknowledged that the C&P examiner may not be able to give a definitive diagnosis at the conclusion of the interview, but deemed it nevertheless crucially important to give the veteran some guidance as to the nature of the evidence. The more clarity at the end of the interview, the authors opined, the less chance there was for the veteran to make erroneous assumptions.

The “Best Practice Manual,” even given its authorship and research base, seemed to lack reference to any research that looked into the impact of the C&P process generally and specifically on the process as it applied to the determination of PTSD claims. Perhaps it is because there is no published research that has considered the impact on the PTSD exam on veterans. Several articles in the references section of Appendix I (p. 115-117) are devoted to claimant exaggeration and response “set” in claims examinations. It would seem that research, such as before-and-after psychological assessments of the veteran, using the C&P examination as an intervening variable, would provide some important information.

The “Best Practice” manual is welcomed as a much needed contribution toward making the C&P exams for PTSD uniform and fair across the nation. For that effort and the attention it gives to the seriousness of the process, the authors should be commended. While its emphasis in this first edition is on the standardization of assessment tools, interview procedures, and written documents, it is hoped that future editions will include information on techniques to deal with the impact of the exam on the veterans. ##

PTSD Program Site Visits

By Tom Schumacher

In the Fall Edition of *The RAQ*, I shared some stories of my site visits to the offices of the PTSD Program's able contractors. In the past three months I have only been able to visit three contractors, all in Western Washington. I hope these short accounts will give the reader some idea of the special courage and fortitude found among our contractors, who spend many hours each week caring for the needs of veterans and family members. More visits are being scheduled. It should be noted that one contractor compared these site visits to the activities of Hans Blix in Iraq, plaintively asking for more time to become fully compliant.

Jack Dutro, Ph.D. Aberdeen, WA

I *almost* always enjoy the drive from Olympia to Aberdeen, WA. I often tell myself on Monday mornings, "Next weekend I am going to spend at least one day on the beach at Ocean Shores." So, Aberdeen is associated favorably with the Pacific beaches, some of the most remote and beautiful remaining in the lower 48. Aberdeen perhaps means, "...you are almost there."

On 22 November 2002, I drove to Aberdeen to see Jack Dutro, who has lived and worked in Grays Harbor County for many years. Jack Dutro is the Chair of the Psychology Department at Grays Harbor College, and teaches his students about psychology and human services. Jack isn't content to tell his students about human services from a theoretical or twice-removed text book. Rather, he is an active clinician in the community, living each day both teaching and *doing* human services.

Jack must also be drawn, as I am, by the tug of the Pacific Ocean just a few miles to the west. He makes at least two trips each month to Pacific Beach where the owner of a large hotel has accommodated Jack and his veteran clientele. Here Jack sees individuals, couples, and groups of combat veterans. The setting is relaxed, comfortable, and picturesque. The sound of ocean waves breaking nearby introduces an element of poetic meaning, understanding, timelessness, and life-shifting cadence, not unlike that found in the poem *Dover Beach*, by Mathew Arnold.

I had the pleasure of meeting many of Jack's veteran clients a few years ago, when a research project took me there to gather data. I can see how Jack has stayed with this outreach routine for so long, even though it must be a supreme effort to gather his energies on a rainy and windy morning, in full knowledge that extreme gales and horizontal sheets of rain will greet and visit him the whole day

long. Knowing Jack and his dedication to his "calling," I am certain that he reaches into his own well-traveled empathy for others, knowing that these veterans count upon his visits as one of the few opportunities they have to talk about the reference points of their own humanity. Much like the ships that run the chance of losing their way in the churning Pacific, Jack's services to this area has done wonders to anchor the lives of these veterans and their families.

Back in Aberdeen-Hoquiam, Jack Dutro has created a professional office in a very tastefully remodeled house. It stands directly on the shore of the Hoquiam River. Like the Pacific Beach setting, this office offers a calming influence, and says clearly to each client, "I have thought about your needs when I created this office." It is a cheerful setting, and the river, like the ocean, acts to frame the counseling visits. Residing on water's edge, sends a metaphoric message to even the most casual observer, that "We do not have the luxury of being just the same way for the rest of our lives. Life like flowing water is always changing." I can almost hear the fluid water-side metaphors coming to mind in Jack's sessions with his clients.

Thank you, Dr. Jack, for being so steady and present for your clients. Oh, and thank you for doing such a great job on the client charts and other aspects of the site visit. You have earned an "A" for your consistently high performance, and for being one of our contractors who holds a Vet Center Contract, and provides VAMC Mental Health Fee Services as well.

Skagit Community Mental Health Center (Now: Compass Mental Health) Mount Vernon, WA

There are perhaps six places in the State of Washington that I could readily call "home." For 16 years I actually did live in the Skagit Valley, and still consider it my adopted home. It is one of the special places I know. Some have called it the "Magic Skagit," but that always seemed a little extreme to me. It is, nevertheless, a special place. Aside from the fact that the people of the Skagit Valley have always been especially capable, there is also a quality of civility that seems to generally win-out in the Skagit Valley.

These qualities and traits are still found at the Community Mental Health Center, and Jim Shoop, MS, LMHC, the Veterans Program Coordinator, has carried on the traditions of compassion, good humor, and high quality
(Continued on page 5, see *Site Visits*)

Site Visits: continued from page 4.

services. His staff includes Dennis Jones, MA, CTS, who is actually a native of the Valley, Bill Johnson, MSW, LSW who commutes from a small village to the south, and Darleen Crowell-Kildow, MS, LMHC, who continues to claim that she has lost her "down-east" accent. This staff provides the services offered from their new office on Memorial Highway, just west of downtown Mount Vernon. There are other offices in Anacortes, and in Island County, staffed by the Mount Vernon group. Additional members of the agency's extended staff see veterans in the San Juan Islands, including Mary Ann Neave, MSW, LSW. Mark Backlund, MD has been a staff member of the Mount Vernon Community Mental Health Center since its inception in the mid-1970's. Mark has consistently taken a very supportive role in the Veteran Program, and sees veterans for medication or when emergency inpatient services are needed through Skagit Valley Hospital.

It is always a little difficult to do a site visit at the Mount Vernon Clinic, since I know these providers so well, and because I have always had this small fear that when I stop by, they might feel that I am judging their stewardship of "my former program." I don't want them to feel that way, and perhaps they don't. By the time I put them through the same rigorous contract compliance review as all other contractors, we both know that I am able to fully objectify the review process. Nevertheless, this group of professionals always does extremely well. (They'd better!)

The day of this visit was punctuated pleasantly by conversations with former clients who saw me at the clinic and stopped to talk. Thirteen years of changes are reviewed in a mere four minutes, and then warm feelings and well wishes are exchanged. Truly, this is a remarkable event in a therapist's life to see clients again after many years. People who became known to me better than in-laws and neighbors, who want to catch up on life's details. It is a high tribute to the staff at this center, that these clients are doing so well. I was able to join the group meeting, and watch these veterans interact and support each other through the holidays. This was fun and professionally satisfying.

This contractor earns an "A" rating. Charts and all aspects of their program are deemed "excellent". The Veteran Program within this Community Mental Health Clinic is very well supported, and housed in their own facility. They are also cited with honors for the fact that this is the largest Vet Center Contractor in the state, and likely the largest VAMC Mental Health Fee provider as well. They do great work, and this is recognized by all other veteran service agencies and organizations with whom they work. We are very fortunate to have this veteran treatment program within our state program. Even though it is among the oldest veteran community based outpatient programs in the state, it continues to be creative and a viable resource for the veterans and family members living in these three counties, and the surrounding region. Thank you, Jim for your hard work, and to your dedicated and responsive staff. Your leadership has been wonderful!

**Emmett Early, Ph.D.
University District
Seattle, Washington**

If programs were families, Emmett Early would be the founding father of the WDVA PTSD Program. He is the great oak tree under which the rest of us find our own vocational acorns. Emmett is largely unsung because he is wise and shy. His personal nature does not seek attention for his work. A former Vet Center Team Leader and one of the initial contractors of the WDVA PTSD Program, he quietly fills his role as contractor and program advisor. I have the privilege of being able to have his counsel when I attempt to find the best path between satisfying administrative expectations, and those uniquely clinical goals that we attempt to protect.

Emmett's office is in the University of Washington District of Seattle. In fact, it is directly on University Avenue ("The Ave"), a ribbon of concrete, and a kaleidoscope of activity every minute of the day. Emmett's office is an island of peace only feet away from a street that has seen riots, protests, murders, fights, moments of tenderness when beggars are given food or drink, and where I have personally witnessed all manner of human behavior. I even lost a computer once, when my auto was parked only for 10 minutes. People watched as a drug crazed man smashed my car window and reached in to "liberate" the black bag that looked opulent and prized. It was, but was likely worthless to him and the rest of the world since without the critical component I had, it remained worthless to anyone.

Once inside the waiting room, anyone coming to Emmett's office is met by quiet jazz, warm lighting, comfortable furnishings, and a gentle aroma that has taken me years to identify. In fact, this aroma has nothing to do with Emmett, or the curry spices used by office workers down the hall who are eating their lunch. The suspected source is Emmett's office mate, Dr. Tom Wear. But that's a story for another time.

The office of Emmett Early feels the part of someone who has dedicated his life to the practice of psychology. Tasteful artwork and memorabilia season the office like spices in black chi tea. The chairs and furniture all say, "I am here to listen, consider, listen some more, and offer you non-judgmental feedback about what you bring here." Emmett has heard and considered nearly every possible human tragedy and victory imaginable. And somehow the wily psychologist has been able to take all of these stories and weave them into his own life's fabric to produce a whole new product that allows others to learn from these threads and patterns of experience. Most notable has been Emmett's interest in our program's contractors, who seek Emmett out for case and personal consultation. He is also an avid film viewer who has viewed hundreds of videos and films, and especially looks for those messages and themes that relate to both trauma and the manner in which veterans are depicted. This unique focus of his considerable effort, has made Emmett a very popular speaker at conferences dedicated to PTSD diagnosis and treatment. At the recent Portland PTSD Conference co-hosted by VAMC Portland and WDVA (and others), Emmett presented what was one of the best and most praised workshops about Vietnam Veterans in

(Continued on page 9, see Site Visits)

The Cataclysms of Historical Generations Leave Their Mark

Reviewed by EE

Psychologist Lloyd Rogler of Fordham University has tackled an oft discussed topic of the psychology of generations. Publishing in the December *American Psychologist* [2002, 57(12), 1013-1023], Dr. Rogler writes,

"Auspicious moments in history occur when cataclysmic events begin to create similarities in the orientations of persons who are born more or less during the same time period and whose early life-cycle transitions are disrupted by the event: The similarities are nurtured by institutional influences and cultural emblems oriented toward the persons" (p. 1013).

Dr. Rogler presents and supports two propositions. "*Proposition 1: Generations start with cataclysmic historical events, periods of tumultuous religious revitalization, or abrupt secular change*" (p. 1015). "*Proposition 2: Influences stemming from cataclysmic historical events reach deeply into society's institutions, such as the family, to disrupt the lives of young adults, preventing them from moving uninterruptedly from families of orientation to families of procreation. Persons most likely to form part of historical generations are young adults*" (p. 1016), who, according to his third proposition are influenced as they move through the influences of institutions and culture to develop persistent lifelong orientations.

The author imagines a feedback cycle taking place on a collective level. "Thus as young adults become veterans of major historical events and as they recollect and share with age peers the disruptions of their life-cycle transitions, their personal narratives merge into collective memories of the events. These collective memories, in turn, influence the personal narratives while providing the fund of remembrances from which society constructs emblems symbolizing the historical events...." (p. 1017)

The Influence of War

Dr. Rogler focuses on the generation that experienced "the historical trauma" of The Great Depression of the 1930s and the Second World War. The Great Depression impressed many that families and communities could only survive if they lived cooperatively. WWII similarly presented foes that could only be overcome with full cooperation among the populace. He characterizes this generation as featuring interdependence. He comments that the WWI generation was marked by cynicism and the rejection of liberal tradition in response to the massive waste of human life, which in turn "provided fertile ground for subsequent polarized involvements in the emerging fascist and communist movements" (p. 1018). The author also observes that "all persons belong to age cohorts, but not all are part of historical generations" (p. 1020).

Dr. Rogler points out "that history is the parent—at present, a largely unrecognized parent—of psychology's concerns. History delivers psychology's subject matter; historical generations, when they occur, organize such deliveries" (pp. 1020-1).

Dr. Rogler uses nicely rolling phrases when he writes of "congeries of narratives" that "encapsulate myriad stories" which in turn become "cultural emblems" that intersect personal life and history (p. 1022). He writes "when psychology begins to give systematic attention to the historical context of human behavior, issues pertaining to historical generations inevitably must be addressed" (p. 1022). Dr. Rogler urges us to focus on such influence to avoid the otherwise "diffuse and daunting" big picture.

Dr. Rogler does not explore the "diffuse and daunting" elephant residing in his article, that of the influences of the big historic events of the so-called "Boomers." Specifically, I think of the Boomers as youth influenced by the assassinations of the Kennedys and King, the threat of nuclear war, the civil rights and antiwar protest movements, the Vietnam War, and the Watergate scandal. It could be said, of course, that the Boomers have not yet passed through the belly of the celestial python, and may still be further influenced by the cataclysms of 9/11 and the oil wars, but Dr. Rogler suggests that generational influences affect the young most profoundly.

The Reviewer's Skew

I have the clinical skew of association with war veteran clients and spouses, mostly with PTSD. They are as a group cynical and mistrustful of authority, although there are exceptions. As Dr. Rogler said, one can be a member of an age cohort and not part of the historical generation. I have also witnessed clients affected by the unraveling of institutional loyalties. Clients who have seen their retirements dwindle and who were abandoned (laid off) by institutions. The WWII concept of interdependence between individual and institution now sounds as quaint as a Mennonite horse drawn wagon. Even in sports we have seen the team loyalties broken down by the lures of fortune and media fame. The spirit of the famous John Kennedy line in his inaugural address, (I paraphrase), "think not of what your country can do for you, but what you can do for your country," was shot down by the Watergate image given us by one of the conspirators declaring that another was left hanging, twisting in the wind. There goes interdependence.

I was struck by Dr. Rogler's observation that "the social construction of generation emblems and identities is driven strongly by shared sentiments and the commercial interests that are endemic to a capitalistic society" (p. 1017). The problem of the modern traffic jam is at least partly a product of the commercial emphasis on independence. The SUV is promoted as a provider of security. One imagines the independent populace in SUVs fleeing the radioactive cloud as it spreads across country. ##

Up Front artist Bill Mauldin Erased by Alzheimer's related illness

By EE

Infantryman turned cartoonist Bill Mauldin found his way to fame drawing bedraggled grunts during the Italian campaign of World War II with the 45th Infantry Division. A collection of his cartoons is featured in his short autobiographical book, *Up Front*, first published in 1944.

Bill Mauldin's cartoons featured the characters Willie and Joe as they slogged their way through the muddy terrain of Italy. His cartoons, first published in the *Stars and Stripes*, won favor among the GIs. My first literary experiences were with Willie and Joe. Growing up in the late 1940s and 1950s, I was fascinated by the flood of war books filled with documentary photos of combat. I guess I knew that Mauldin's characters represented a reality that was truer than the ceremonial pictures of MacArthur wading ashore with his staff.

After the war, Mauldin went on to become a newspaper editorial cartoonist, winning two Pulitzer Prizes. He was born in Santa Fe, New Mexico, in 1921 and enlisted in the army from the Arizona National Guard in 1940. He died in a nursing home on January 22, 2003. The *Seattle PI*, of 1/24/03, featured a cartoon by Horsey showing an aged Willie and Joe in a VA hospital, defiantly smoking a fag and having a shot of whiskey in memory of "our old pal," Bill Mauldin.

My favorites among the cartoons varies with my age. Currently my favorite is the one of the clean shaven clerk in a tent staring with surprise at the muddy, be-whiskered dog face sticking his head in with a message. The clerk cries, "Eeek!" I find it is a lovely image of the kind of messages we get in our work across the cultural chasm between war and peace. ##



Above is a used copy of Bill Mauldin's *Up Front*, with tatters worthy of the spirit of the dog faces of all wars.

Phone numbers for WDVA and King County Veterans Contractors are listed in alphabetical order. (Note: Some of these contractors also have additional staff members, who are not listed here.)

Steve Akers, MSW, Everett.....	425 388 0281
Clark Ashworth, Ph.D., Colville.....	509 684 3200
Wayne Ball, MSW, Chalan & Douglas...	509 667 8828
Bridget Cantrell, Ph.D., Bellingham.....	360 714 1525
Dan Comsia, MA, King County.....	253 840 0116
Paul Daley, Ph.D., Port Angeles.....	360 467 4357
Duane Dolliver, MS, Yakima.....	509 966 7246
Jack Dutro, Ph.D., Aberdeen.....	360 537 9103
Emmett Early, Ph.D., Seattle.....	206 527 4684
Dorothy Hanson, MA., Federal Way	253 841 3297
Tim Hermson, MS, Kennewick.....	509 783 9168
Bruce Harmon, M.Ed., Renton.....	425 277 5616
Dennis Jones, MA, Mount Vernon.....	360 757-0490
Bob Keller, MA, Olympia.....	360 537 9103
Frank Kokorowski, MSW, King Co VP..	206 296 7565
Bill Maier, MSW, Port Angeles, Sequim.	360 457 0431
Brian Morgan, MS, Omak.....	509 826 0117
Mike Phillips, Psy.D., Issaquah.....	425 656 9271
Dwight Randolph, MA, Seattle.....	206 465-1051
Stephen Riggins, M.Ed., Seattle.....	206 898-1990
Ellen Schwannecke, M.Ed., Ellensburg...	509 925 9861
James Shoop, MS, Mount Vernon.....	360 4193607
James Sullivan, Ph.D., Port Orchard.....	360 876 2322
Ricardo Swain, MSW, Seattle.....	206 372 8496
Darlene Tewault, MA., Centralia.....	360 330 2832
Tom Wear, Ph.D., Seattle.....	206 527 5382
Stephen Younker, Ed.D., Yakima.....	509 966 7246

WDVA PTSD Program Director:

Tom Schumacher.....	360 586 1076
Pager.....	800 202 9854
Fax.....	360 586 1077

To be considered for service by a WDVA or King County contractor, a veteran or veteran's family member must present a copy of the veteran's discharge form DD-214 that will be kept in the contractor's file as part of the case documentation. Occasionally, other documentation will suffice to prove the veteran's military service. You are encouraged to call Tom for additional information.

It is always preferred if the person who refers, telephone ahead to discuss the client's appropriateness and the availability of time on the counselor's calendar. Contractors are all on a strict and tight monthly budget, however, contractors in all areas of the state are willing to discuss treatment planning.

Some of the program contractors conduct group as well as individual/family counseling. ##

Women Veterans Conference Focuses Attention on the Long Term Effects of Sexual Trauma in the Military

By Susan Smith

The Washington Department of Veterans Affairs, The Puget Sound VAMC, and Women Organizing Women presented a two-day conference, Honoring Women Who Have Served. The event, held November 14 & 15, 2002, was held at La Quinta in Federal Way, and attended by both providers and veterans. The focus of this event was on homelessness and PTSD.

On any given day there are 11,000 homeless women veterans living on the streets. Many are victims of sexual violence against females in all branches of the U.S. military. A Department of Veterans Affairs study of female soldiers and veterans with stress disorders revealed that a total of 63 percent of women reported experiences of physical sexual harassment during military service, and 43 percent reported rape or attempted rape. [Fontana & Rosenheck, "Focus on Women: Duty-Related and Sexual Stress in the Etiology of PTSD Among Women Veterans Who Seek Treatment, *Psychiatric Service*, 1988, 49, 658-662.] The study concluded that "women's exposure to sexual stress in the military is much more prevalent than previously believed. It is particularly toxic for the development of post-traumatic stress disorder. Correct assessment is essential to effective treatment." The study, which included women from the Korean War, the Vietnam War, and the Gulf War, found that sexual stress was almost four times as influential in the development of PTSD as duty related stress.

Dr. Irene Trowell-Harris, who replaced Joan Furey last year as the director of the DVA Center for Women Veterans, was the keynote speaker, presenting issues of legislative concerns for homeless women and the general direction of the women veterans program for the DVA. She also discussed the recently appointed Women Veterans Board, who will continue to work on claims specifically related to women veterans.

The conference began with The History of Women in the Military, a slide presentation, narrated by Denise Grant, Minority Veterans Coordinator. The presentation set the tone for what women have contributed to the U.S. armed forces.

Kathy Bradley, Ph.D., then gave an overview of women's health, including PTSD, chronic pain, obesity/inactivity, prevalence of hysterectomies, hormonal changes, menopausal sleep disturbance, injury frequency, and alternative medicines.

Mary Jean Mariano, Ph.D., of the Women's Trauma Recovery Program, spoke on approaches to chronic pain, somatization, and "unexplained symptoms" in the care of women veterans.

Ann Ready, ND, of the University Health Clinic Holistic/Alternative Health Management, a Bastyr Naturopath, gave a wonderful and fresh perspective on treating women's health issues.

Robbie Robertson, MSW, gave a presentation on what

Alternative techniques they are using to help for stress relief and pain in the American Lake facility of the VA-Puget Sound Health Care System.

Sandra Perry, MSW, and Kathy Gerard, LICSW, Homeless Women Veterans' Program, spoke on "Seeking Safety" and the programs available for women.

Makeda Nandi, MA, CRC, King County Veterans Program, was excellent, bringing many to tears with her poem and strength of words.

Barbara Logan, VBS, and Pat Johnson, VBS, from the WDVA spoke about the homeless Veterans Reintegration Project and their role in working with women veterans.

VIEW (Veterans Independent Enterprises of Washington) was represented by Heather McLellan, an MSW candidate, discussing the VIEW program for helping veterans get back into the job market.

Tania Davis, Ph.D., Karen Erdie, and Ann Cotton, Psy. D., of the VA Addictions Treatment Center, spoke about substance abuse and how it relates to PTSD and homelessness.

Tom Schumacher, WDVA PTSD program director, discussed the states' PTSD counseling services and resources. Sharron Williams, Assistant Department Service Officer, American Legion, and Michelle Colpaert, National Service Officer, Disabled American Veterans, explained the VA claims and disability process as simply as possible. This is an area of expertise that cannot be learned quickly.

A well-attended luncheon was a chance to meet and talk with Dr. Trowell-Harris. Many of us brought specific question from other veterans. We raised the topic of women who left the service due to pregnancy rather than choice. For more information on the issue contact Carolyn Tyler at Amend-ment5WACs@aol.com

Ric Price and Christine Touris did an incredible job of running this event and managing the difficult task of keeping the presenters on time. The conference was televised and taped. The website, www.tvw.org can access the information. From home page under Audio & Video, click on "Archives," then on "Public Policy Events for 2002."

The conference was extremely well received by both veterans and providers. There was some major controversy over this combination of topics, many good discussions ensued and many issues were resolved for women veterans. Providers were enlightened to learn of the many of the barriers women veterans face when it is necessary to obtain health care.

Jim Rising, although absent at the conference, was the driving force for this program. Many of the VA social workers participated behind the scenes to make this event happen. The WDVA recognized in hindsight that there was a need for more

(Continued on page 9, see *Women Veterans Conference*)

Women Veterans Conference, Continued from page 8.

information to be presented and discussed, making this a longer event next year. Please contact the WDVA if you would like to participate in next year's project.

Sexual violence in the U.S. armed forces is a toxic time bomb, both in the lives of individual male and female veterans, and in society as a whole. Shame, fear, disorientation, and the inability to engage in a full and healthy life are transmitted to children and other family members. There needs to be accountability and procedures for formal complaints and hearings implemented, specifically procedures for providing compassionate treatment and compensation for victims without shaming or blaming them. Major changes need to take place on the military's side. This conference was about getting the information out and trying to affect these changes. ##

Susan Smith is a women's veteran advocate.

Federal DVA Studies Service Use by Veterans with PTSD

Researchers from the Durham VA in North Carolina tracked the service utilization of veterans with PTSD. Patrick Calhoun and others published their results in the December *American Journal of Psychiatry* [2002, 159, 2081-2086]. They compared veterans with and without PTSD by tracking their service utilization within the VA system. They hypothesized that veterans with PTSD would use more services. While there was little difference in the two groups regarding inpatient use, differences in outpatient utilization were noted. They found "A diagnosis of PTSD was associated with a significantly higher rate of utilization of outpatient physical health services among younger patients. Younger patients with PTSD had an estimated 124% higher rate of outpatient physical health service use than younger patients without PTSD...." (p. 2083). The authors noted "PTSD patients had more than twice as many clinic stops in non-metal health care settings as in mental health clinics" (p. 2085). They observed that disability status was unrelated to use of physical health service utilization among patients with the most severe PTSD" (p. 2084). Calhoun, et al., added that "greater severity of PTSD increased the odds of both physical and mental health service use among patients without a service-connected disability. These results are consistent with research suggesting that greater PTSD symptom severity increases the risk of poor health" (p. 2085).

The study subjects consisted of 996 male combat veterans who were seeking help for PTSD symptoms. Of that number, 883 met the criteria for PTSD. They were compared with 113 veterans who did not meet the criteria. Their service utilization was tracked on VA databases. No mention is made in the article regarding patient consent to participate in the research. ##

Site Visits, continued from page 5.

films. The audience laughed, cheered, and cried as they viewed video scenes depicting veterans undergoing an often vexing and circuitous ride home from war and their sense of abandonment and outrage.

This interest has led to Emmett's recent notification that his second book was accepted for publication. Due-out this spring, *The War Veteran In Film* promises to take the reader on a journey, unlike any other, through 125 referenced films. Avid readers of *The RAQ* already know of Emmett's reviews of many movies from around the world. His new book promises to be filled with provocative films about war veterans.

Some therapists use films as a major therapeutic tool with their patients. Emmett really offers clients another style, likely out of the knowledge that to get most clients to rent or spend hours going to a crowded theater, is not always predictable. Also, Emmett has a way in which he will enchant and entreat his patients to hear the therapeutic messages in films merely by his telling the whole or part story of the film. The whole process is almost like trying out a behavior, and vicariously experiencing the consequence without the direct pain of making life-harming mistakes. Even much more subtle and yet powerful, is the way Emmett talks about these film characters by tapping into the archetypal elements with which we all wrestle daily. To many, the struggles of daily life gain context, meaning, even importance, by this process. I think this is why Emmett's work, and that of Jonathan Shay (*Achilles in Vietnam*, and *Odysseus in America*) and other writers, are so popular among trauma survivors and therapists. These legends offer us a timeless and mythical connection to our otherwise difficult existence, while imparting paths for hope, purpose, and ultimately, moments of respite from the "slings and arrows" of life.

Emmett's site visit and charting practices are found to be excellent, and he easily wins the coveted grade of "A". He is much respected by client and mental health provider alike. As a program director, I find his counsel indispensable. Beyond that, Emmett is kind, considerate, frank, an extremely able therapist, a scholar, and someone who can be trusted during life's most difficult times. Our program owes Emmett the highest seat in the pantheon of leaders who have made this veteran treatment program what it is today. Thank you, Emmett! ##

***The Repetition & Avoidance Quarterly* staff reporters and action photographers will be at the 2003 Chelan Trauma Conference in April. Your comments and criticisms and offers to contribute to upcoming editions will be welcomed. And you are invited to join The Site Visitor in a midnight swim.**

Book Review***A Third Face: My Tale of Writing, Fighting, and Filmmaking*
The Autobiography of WWII Veteran & Movie Director Samuel Fuller****Reviewed by EE**

Samuel Fuller was a copyboy and crime reporter on Manhattan dailies during the heyday of journalism in the 1920s. He went on the road during the Great Depression and wrote freelance stories and took pictures of his impressions of labor riots, strikes, and Hooverville life. In 1941, after Pearl Harbor, at age 29, Fuller joined the army and volunteered for the infantry. He resisted attempts to recruit him for public relations and the offer of a commission. Fuller served with the Big Red One and fought in North Africa, Sicily, was among the first waves landing in Normandy, went through the Battle of the Bulge and the invasion of Germany. He was discharged a corporal. Fuller took home movies of the liberation of a concentration camp. His remark about the infantry was stated with his usual candor and earthiness: "For Chrissakes, the infantry! Guys who joined the infantry, I discovered, came back from the war one of three ways: dead, wounded, or crazy" (p. 110). He mentions receiving at least one Purple Heart and a Silver Star.

After his discharge, Samuel Fuller went on to write novels and screenplays, and to direct his own films, as well as act in others. In all he published 11 books. Because he insisted on only directing films over which he had complete control, including the writing, Fuller rejected many film offers. Most of his films were made during the 50s and were regarded at the time as "B-movies," that is, low budget, studio produced by yeomen on a tight schedule. He fell out of favor with the Hollywood studios, but became a celebrity in France, where he was lauded by the intellectual leaders of the French New Wave.

Fuller had a reputation in Hollywood for making violent films with raw emotions. His war films, *Steel Helmet* and *Fixed Bayonets*, both in 1951, were popular money-makers. Fuller stated that the only way to make a realistic war movie was to shoot live ammunition at the audience, which he admitted would be tough on sales. He made several films also about war veterans: *China Gate*, *Crimson Kimono*, *House of Bamboo*, and *Verboten!* He tried for most of his career to get his cherished *The Big Red One* filmed, and finally succeeded in 1980, although completing it on a very tight budget. He commented that making the movie about his own unit caused him to have nightmares and intrusive images.

Fuller's comment about war emotions is worth noting. "War is not about emotions. It's about the absence of emotions. That void is the emotion of war" (p. 234). He observed that he worked out many of his feelings and images in his violent, hard-hitting films, and ironically, toward the end of his life, one of his ongoing nightmares was of being a character in his own films.

As a film director, Fuller had great respect for his actors, but also apparently something of a temper that he brushes over in his autobiography. Among his quirks was his habit

of starting a scene by firing off a pistol.

Because of his defiant independence, many of his film projects did not come to fruition. He once went into the Brazilian jungle to make a film, hoping that it would take his mind off his painful memories (p. 325). He writes, "With eight pictures under my belt, now established as a writer-director in Hollywood, I should have been sleeping peacefully under those silk sheets in my big house in Beverly Hills. Nothing could have been further from the truth. I tossed and turned all night long, racked by horrific nightmares. Terrible visions from the war buried in my brain rose up as soon as I dozed off. Heaps of dead bodies. A gaunt hand stretching skyward for help. Bombs exploding. Soldiers ripped apart" (p. 325). One of his frequent comments addressed the casualties caused by "friendly fire." Like a few vets with PTSD we know, Fuller walked away from his first marriage after his wife was attracted to another man. He left her his house and his entire estate, moving into a little place he called "The Shack."

A "Helluva" Time Coming Home

Fuller wrote something that must be very true about the end of the war. "The ending of all hostilities was a quiet shock. It was hard to accept that the war was really over. I couldn't believe that I didn't have to sleep with my hand on my rifle anymore, that every noise wasn't the start of an enemy attack, that I could light a cigar at night without worrying about a sniper putting a bullet through my brain" (p. 218). About his return to the states, he writes: "Though it was good beyond words to put my arms around her (his mother) again, it became quickly evident that my homecoming was burdensome for me and everyone around me. I spent a helluva lot of time in bed but couldn't sleep for long stretches. Horrible nightmares kept rattling my head. Everyday sounds made me jump and shake uncontrollably. My family couldn't understand my constant grumpiness. No one who hadn't lived through the front lines of the war could. I was a textbook case of 'war hysteria'" (p. 233). Fuller's company that landed in Normandy lost 100 men out of 183.

Like Leaf in a Fossil

The Third Face is an enjoyable book to read for a number of reasons. Fuller's old fashioned, tough dialog. His perpetual optimism and zeal to write. The characters he's known, from Damon Runyon in the early days, Robert Capa, the war photographer, to Hollywood personalities and army generals. He ridiculed the right wing newspaper columnists in the day when it was not fashionable. Warfare marked his career, and at times he is eloquent, as when he writes: "To this day, that first face of death is imprinted on my mind like a leaf in a fossil, never to fade away" (p. 114).

(Continued on page 11, see Fuller)

Fuller, continued from page 10.

Ironically, I had the impression that the first psychological trauma came when the young Sammy Fuller, as a crime reporter, had to witness an execution by electric chair. He wrote about it in his first novel, *Burn, Baby, Burn*. "The yarn kicks off with a pregnant woman condemned to die in the chair. I must have been so obsessed with the electric chair that I used it as a fictional hook, finding a release for some of my nightmarish memories of prisoners getting fried at Sing Sing" (p. 77). Fuller made one of his last pictures of his Hollywood period, *Shock Corridor*, about the hospital treatment of mental illness. His story has a reporter going undercover disguised as a hospital mental patient. The reporter eventually goes crazy. "To convey how appalling electric-shock treatment is for a patient, we put together a montage, superimposing it across Johnny's convulsive body, along with shrieking sounds. The scene still makes me shiver, dredging up memories of electric-chair executions at Sing Sing that I had to witness as a crime reporter" (p. 409).

Samuel Fuller seems to brag and boast in his book, but it is not narcissism so much as the events in the life on an extraordinary man. When he writes that "I tailored the script for her like a seamstress fitting a wedding dress to a bride" (p. 447), he seems to be savoring his craft.

Fuller's career was obviously influenced by his war experiences and he expressed gratitude for surviving. "For those lucky enough to survive it, war turned your deepest convictions upside down and inside out. Life was supposed to be precious. Every human being was supposed to be valuable. Yet all around you were the corpses of people killed in a conflict they hardly understood, lives wasted in intolerable ways and unthinkable proportions. What could those young men have accomplished, if only they'd survived? It was enough to drive you crazy. Many soldiers did go nuts. If you retained any sanity, you never thought about time the same way again. You were grateful for every moment of existence you were granted, and you didn't want to waste another split second on bullshit" (p. 189).

A Third Face credits Christa Lang Fuller, his second wife, and Jerome Henry Rudes as co-authors assisting Samuel Fuller, who was a noted raconteur and probably dictated much of his book after the first of his late-life strokes. The book thankfully retains a sense of casual immediacy. For example, when Fuller is describing his first encounter with death on the battlefield, he significantly shifts person, in a manner that suggests dissociation. "During the North African campaign, I had to kill a man for the first time. The act begets the most basic revulsion. I couldn't believe it was me pulling the trigger. It left me feeling hollow inside. But a soldier must overcome that disgust if he is to survive. Afterward, when you kill, you're shooting the same man over and over again. Your will to survive surprises you, eventually kicking abstract thoughts like remorse or mercy out of your brain" (p. 123). ##

The 2003 ISTSS Meeting is in Chicago, Oct 29-Nov.

The 2003 meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held in Chicago, according to the society's announcement. In an invitation sent to members, this year's president, Onno van der Hart, Ph.D., and Julian Ford, Ph.D., the meeting program chair, declared that the theme for the meeting will be "Fragmentation and Integration in the Wake of Psychological Trauma."

"Trauma is a shattering experience that often leads to profound fragmentation of the mind and body, of relationships and families, and of entire communities and nations. Fragmentation takes many forms, including posttraumatic stress, dissociation, psychiatric disorders, physical illness, and the breakdown of families, communities and societies. Fragmentation also may lead to re-traumatization, and to intergenerational cycles of violence, maltreatment and stigma. We, as helping professionals and scientists, not only seek to ameliorate and understand posttraumatic fragmentation, but also are profoundly affected by it in our own lives and in the organizations and institutions within which we work.

"Integration has many meanings. Perhaps most fundamentally, integration concerns the healing of trauma's psychic wounds, which occurs when people, beliefs and communities are reconnected by the sharing or re-discovery of a commitment to compassion and truth as a common cause. Integration entails learning to change patterns of beliefs and behavior that perpetuate trauma. There are many potential paths to integration that warrant careful study and application in our work as clinicians and scientists, in our lives as members of families and societies."

The 2003 meeting will be held at the Palmer House Hilton (\$197 a night for a single room). For information telephone 847-480-9028, or email at <conference@istss.org>, or on the web at <www.istss.org>. ##

3 Year Health Study Links Hostility To Heart Disease

As part of a normative aging study, 774 white males were recruited for a longitudinal health study. Their responses on an MMPI subscale for hostility predicted those who would have incidents of myocardial infarction, angina pectoris, or ischemic heart disease in a follow-up three years later.

Lead researcher, Raymond Niaura, Ph.D., of Brown Medical School reported that hostility was defined as "a stable tendency to interpret the world and other people in a cynical and negative manner." He noted that of the men who reported experiencing coronary heart disease, "almost half had hostility scores in the 80th percentile of the sample as a whole."

The results were originally reported in the journal *Health Psychology* (vol. 21, #6), and reviewed in the APA's *Monitor on Psychology* (Jan, 2003, p. 15). "The effect of hostility did not appear to be mediated by any of the other variables measured in the study, including the 'metabolic syndrome,' a cluster of risk factors that includes insulin resistance, high levels of triglycerides, hyperglycemia, high blood pressure and high waist-to-hip ratio." Dr. Niaura observed that the short period of follow-up may have resulted in the other factors not showing effect, and he expressed hope that the ongoing 15 year study would prove more definitive.

Since hostility was not operating through the metabolic syndrome, Dr. Naiura wondered, "That raises the question: How is it that hostility is affecting a person's risk for developing coronary heart disease? We speculate it may have to do with elevated stress hormones and other factors not measured in our study.

The *Monitor* noted that, in the study, the only other significant predictor of coronary heart disease was a positive one, HDL cholesterol, which acted as a protective factor.

Dr. Naiura was quoted as saying that he expected that the findings, while restricted to white males, would generalize to other populations, since there was no evidence to the contrary.

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***The Repetition & Avoidance Quarterly* is published each season of the year by The Washington Veterans PTSD Program, of the Washington Department of Veterans Affairs. The program's director is Tom Schumacher. The editor of the RAQ is Emmett Early. It is intended as a contractors' newsletter for the communication of information relevant to the treatment of PTSD in war veterans and their families. The editor and his devoted staff agree that your written or graphic contribution to the PTSD Program newsletter is welcomed if it is civilized and related to our favorite topics of PTSD and war veterans. Contributions may be sent by mail to the Washington Department of Veterans Affairs (Attn: Tom Schumacher), PO Box 41150, Olympia, WA 98504 or by Email directly to <emmett@dva.wa.gov>. Readers are also invited to send in topical research or theoretical articles for the editorial staff to review. Comments on items reported in the RAQ are also encouraged and will likely be published if they are signed. To be included in our mailing list, contact WDVA, Tom Schumacher, or Emmett Early. The newsletter logo is a computerized drawing of a photograph of a discarded sign, circa 1980, found in a dump outside the La Push Ocean Park Resort. ##**